

CLAIMS ONLY

Application Number

"Filling" Date

10/511734

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
3		/				
4		/				
5		/				
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49						
50						
Total Indep	2					
Total Depend.	9					
Total Claims	11					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						